

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12969	2. Fiscal Year Covered From: Jan / 1 / 2004 Through: Dec / 31 / 2004
3. Name and address of person filing. Name John M Endicott P.O. Box, Bldg., Room No., if any Street 2884 SW Hartley Dr City Gresham State OR ZIP Code + 4 97080	4. Name, file number, and address of labor organization. Name Plumbers AFL-CIO LU290 Labor Organization File Number 516-800 P.O. Box, Building and Room Number, if any Street 20210 SW Teton Ave City Tualatin State OR ZIP Code + 4 97062
5. Position in labor organization. Business Mgr / Exec Secty / Treasurer / Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Plumber, Steamfitter Pension Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1305 SW 12th Ave City Portland State OR ZIP Code + 4 97201	7.a. Nature of Interest, Transaction, or Income. Reimbursed for Travel Expenses to attend (2) Trust Meetings. Checks were signed over to the local. 7.b. Amount. \$558.42 \$464.46

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed John Endicott	On 8/15/05 Date	503-691-5700 Telephone Number

Name of Person Filing <i>John M Endicott</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <i>Loomis Sayles + Co</i></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>ONE Financial Center</i></p> <p>City <i>Boston</i></p> <p>State <i>MA</i> ZIP Code + 4 <i>02111</i></p>	<p>14.a. Nature of payment.</p> <p><i>(3) Dinners during the year while attempting to do business with the local.</i></p>
<p>13.b. Is the Business an Employer or Consultant <input checked="" type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><i>\$ 313.14</i></p>